

FILED

JUL 31 2007

RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

E-filing

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Richard Gilbert Gutierrez

Plaintiff,

vs.

Does 1-15 Capt'n Sepulveda

Edward C. Flores

Defendant.

JANE Does 1-20 Jon Doe 1-20

CASE NO. 07 3939

PRISONER'S  
APPLICATION TO PROCEED  
IN FORMA PAUPERIS

SBA

(PR)

I, Richard Gutierrez, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes \_\_\_ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: N/A Net: N/A

Employer: N/A

1 If the answer is "no," state the date of last employment and the amount of the gross and net  
 2 salary and wages per month which you received. (If you are imprisoned, specify the last  
 3 place of employment prior to imprisonment.)

4 LAST Employment Feb 20 2004 800 Net per  
 5 month Turlock Scavengers 120 South  
 6 Walnut Turlock, CALIF 95350

7 2. Have you received, within the past twelve (12) months, any money from any of the  
 8 following sources:

- 9 a. Business, Profession or Yes \_\_\_ No X  
 10 self employment  
 11 b. Income from stocks, bonds, Yes \_\_\_ No X  
 12 or royalties?  
 13 c. Rent payments? Yes \_\_\_ No X  
 14 d. Pensions, annuities, or Yes \_\_\_ No X  
 15 life insurance payments?  
 16 e. Federal or State welfare payments, Yes \_\_\_ No X  
 17 Social Security or other govern-  
 18 ment source?

19 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 20 received from each.

21 \_\_\_\_\_  
 22 \_\_\_\_\_

23 3. Are you married? Yes \_\_\_ No X

24 Spouse's Full Name: N/A

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ \_\_\_\_\_

- b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

Ame M. Gu 3yr

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? Yes ☐ No ☒

Make N/A Year N/A Model N/A

Is it financed? Yes N/A No N/A If so, Total due: \$ N/A

Monthly Payment: \$ N/A

7. Do you have a bank account? Yes ☒ No ☐ (Do not include account numbers.)

Name(s) and address(es) of bank: Wells Fargo San Jose, CALIF

Present balance(s): \$ \$1.25

Do you own any cash? Yes ☐ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

N/A

8. What are your monthly expenses?

Rent: \$ 1,000 Utilities: \$150

Food: \$ 200 Clothing: \$70

Charge Accounts:

| Name of Account | Monthly Payment | Total Owed on This Acct. |
|-----------------|-----------------|--------------------------|
| <u>N/A</u>      | \$ <u>N/A</u>   | \$ <u>N/A</u>            |
| <u>N/A</u>      | \$ <u>N/A</u>   | \$ <u>N/A</u>            |
| <u>N/A</u>      | \$ <u>N/A</u>   | \$ <u>N/A</u>            |

9. Do

1 you have any other debts? (List current obligations, indicating amounts and to whom they are  
 2 payable. Do not include account numbers.)

3 \$ 8,000 Memorial Hospital

4 \$ 2,500 Washington Hospital

5 10. Does the complaint which you are seeking to file raise claims that have been presented  
 6 in other lawsuits? Yes X No     

7 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
 8 which they were filed.

9 Richard Gutierrez vs Ch Does 1-20 Medical Staff  
 10 Does 1-20 Grievance No. 68705

11 I consent to prison officials withdrawing from my trust account and paying to the court  
 12 the initial partial filing fee and all installment payments required by the court.

13 I declare under the penalty of perjury that the foregoing is true and correct and  
 14 understand that a false statement herein may result in the dismissal of my claims.

15  
 16 July 25, 2007

17 DATE

Richard Gutierrez

18 SIGNATURE OF APPLICANT

Case Number: CNS 503

CERTIFICATE OF FUNDS  
IN  
PRISONER'S ACCOUNT

6A

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of Richard Gutierrez for the last six months at

[prisoner name]

S C C DEPT. OF CORRECTION where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 34.83 and the average balance in the prisoner's account each month for the most recent 6-month period was \$ 3.59.

Dated: 7/18/07

[Signature]  
[Authorized officer of the institution]